Title: ARRAY SUBSTRATE AND METHOD OF INSPECTING THE SAME

NITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION OF

MATSUNAGA et al.

Appln. No.: 09/753,607

Filed: January 4, 2001

Confirmation No.: 1543

Group Art Unit: 2829

Examiner: V. NGUYEN

Mariley 51-03

April 9, 2003

## **AMENDMENT**

Hon. Commissioner of Patents Washington, D.C. 20231

Sir:

In response to the Office Action dated January 9, 2003, please amend the above identified application as follows:

This Amendment is being presented in the REVISED FORMAT approved in February, 2003.

Inventor/e). MATOLINIAGA -4 -1	•			Group Art			
Inventor(s): MATSUNAGA et al. Appln. No.: 09				Examiner:	V. NGUY	1	
Series Code 1	753,607 Serial No. ↑	TPE		Atty. Dkt.	P <u>276536</u>	T4TYA-00	S1207
Filed: January 4, 2001	/ /	0,, -	·6	Appln. Title	M# e: ARRAY SUBS	Client Ref	/ETHOD
Hon. Commissioner of Patents	/		3	, depart ride	OF INSPECTI	NG THE SAM	=
Washington, D.C. 20231	1	MPR 0 9 201	ي و		01 11101 2011	THE OANL	_
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Sir:	THE STATE OF THE S	<b>*</b>	at y			웊	
REPLY/AMENDM	ENT/LETTER	BADEN		Date	e: April 9, 2003	- T	ス
					• •	APR ECHROLOG	
This is a reply/amendment/letter in	the above-ident	ified applicat	ion and	d includes the he	rewith attachment	of same data a	and subject
which is incorporated hereinto by re	eference and the	e signature b	elow is	treated as the si	gnature to the atta	chment in abs	ence of a
signature thereto.		J			ga. to till atta	*· (~)	
	<b>FEE REQUI</b>	REMENTS F	OR CL	AIMS AS AMEN	NDED	993 Ten	
1. Small Entity claim							
A. MOT made For B & C  B Withdrawn See Required	Claims	Highest nu		Present Extra	Large/Small Entity	Additional	Fee Code
B. Withdrawn See Required Separate Paper	remaining after amendment	previously p	aid for			Fee	ĺ
D. made previously (Pat-256)	amendment			i			Lg/Sm
2. Total Effective Claims	16	**minus	20	0	x \$18/\$9 =	+	102/202
3. Independent Claims	4	***minus	4	0		+ \$0	103/203
4. If amendment enters proper multi	, ,	claim(e) into			x \$84/\$42 =	+ \$0	102/202
time (leave blank if this is a reissue	annlication)	aaiii(5) iiito i	nis app	Mication for first	1 0000/0440	. 00	
5. Original due Date: April 9, 200	)3	NONE	•••••	auu	+ \$280/\$140 =	+ \$0	104/204
6. Petition is hereby made to exter			1 mo)	\$110/\$55 =	T T	T	
date to cover the date this response	is filed for which	h the (2	mos)	\$410/\$35 = \$410/\$205 =	+ \$0		115/215
requisite fee is attached	10 11100 101 1111101	•	mos)	\$930/\$465 =	, <del>τ</del> φυ		116/216 117/217
•			mos)	\$1,450/\$725=			118/218
			mos)	\$1,970/\$985=		-	128/228
7. Enter any previous extension fee	paid since above	e original du	deb e	and subtract	- \$0		
8.	Daile Cilico abovi	e <u>original</u> due	- uale	and Subtract		- 00	
9. If <u>Terminal Disclaimer</u> attached,	add Rule 20(d)	official fee			Extension Fee	+ \$0	4 40 40 4
10. If IDS attached requires Official F	ee under Rule	07 (a)		- 44	+ \$110/\$55	+ \$0	148/248
or if Rule 97(d) Request		or (c),	••••••	add	+ \$180	+ \$0	126 126
or if Rule 97(d) Request					+ \$180		
12. No. of additional inventions for examination per Rule 129(b)					+ \$750/370	+ \$0	146/246
13. Request for Continued Examinat	ion (RCF)	(die 123(b)			x \$750/375 ea	+ \$0	149/249
14. Petition fee for	юн (пос)				+ \$750/375	+ \$0	1179/1279
15.	***************************************			***************************************		+ \$0	
16. *If the entry in this space is less than entry	in nevt cases the f	Desert Form	•. •	"···	TOTAL FEE =	\$0	
17. **If the "Highest number previously paid	for" in this space is	less than 20 w	result is te "20"	"0". in this space		PLEASE CH	HARGE
18. ***If the "Highest number previously paid	I for" in this space i	s less than 3, w	ite "3" i	n this space.		OUR DEP. A	
		·		Deposit Account I	No 03-3975)	<u> </u>	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			(Our	Order No. 831	2 276536		
CHARGE STATEMENT. The Commission of					C# 84#	<del></del>	
CHARGE STATEMENT: The Commissioner is her filed, or which should have been filed herewith or or hereafter relative to this application and the resultin	eby authorized to char	rge any fee speci	fically aut	horized hereafter, or ar	y missing or insufficient f	ee(s) filed, or assert	ed to be
	g Official Document u	nder Rule 20, or o	redit any	overpayment, to our A	counting/Order Nos. sho	sufficiencies only) no	ow or
duplicate copy of this sheet is attached.  This CHARGE STATEMENT does not authorize to the common state of							
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		inthrop LLF					
P.O. Box 10500		l Property G			<b>.</b>		
McLean, VA 22102	Dy Alty	Glenn J. Per	<u> </u>		Reg. No.	28458	
Tel: (703) 905-2000	Sig:	the	. P.	7	_	(700) 55-	
(192) 000 2000	Olg	./-/	<del>'</del>	<u>/</u>	Fax:	(703) 905-25	
Atty/Sec: GJP/jjg					Tel:	(703) 905-21	61
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NOTE: File this co	OTEL SHEEL IN C	upiicate Will	1710	receipt (PAT-10)	JA) and attachme	nts	